

**BEST AVAILABLE COPY**

<b>CLAIMS ONLY</b>							SERIAL NO.	FILING DATE
							APPLICANT(S)	
<b>CLAIMS</b>								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	*	*
1	1							
2		1						
3		1						
4		1						
5		2						
6		2						
7		2						
8		1						
9	1							
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TOTAL IND.	7							
TOTAL DEP.		34						
TOTAL CLAIMS	41							
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS